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An W. S. H.

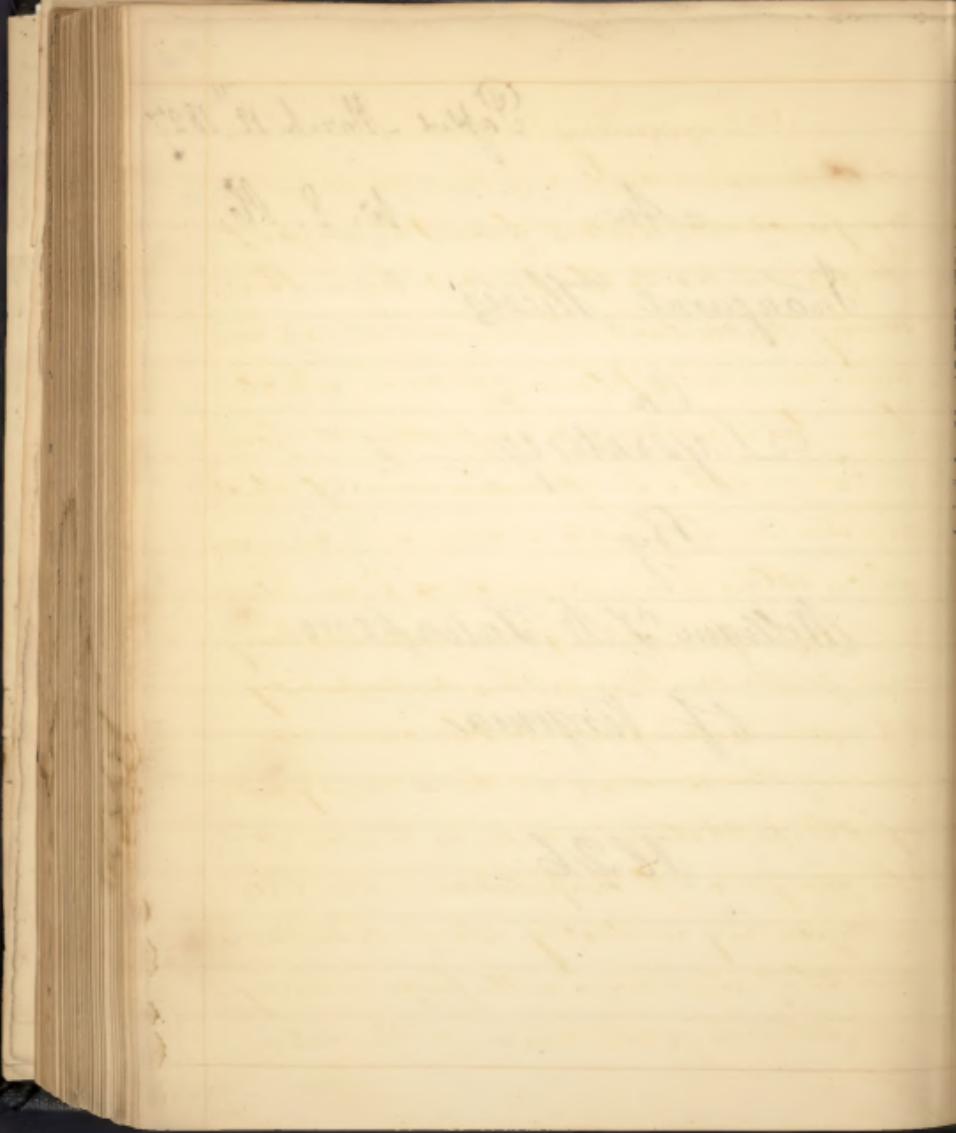
Inaugural Thesis

On  
Dysentery

By

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of Virginia

1826



## Dysentery

Is a disease which has been treated of by practical writers, from the days of Hippocrates to the present time. The many discordant theories, and the still more numerous plans of cure, which have been advanced respecting it, form a labyrinth of opinions, some of which are based on facts recorded by experience while others have originated from blind devotion to principles false both in theory and practice. Nor is this discrepancy of opinion confined to the ancients. Among the moderns, we find many points of the pathology, as well as treatment the subjects of disputation. One tells us, dysentery is closely allied to enteritis, and that venesection is the proper remedy. - Another says, strictures of the colon,

77 A Town feared a siege Held Consultation  
What was the best method of fortification  
A grave skilful man was given his opinion  
That nothing but Stone would secure the dominion  
A Carpenter I thought that was well spoke  
Twas better by far to defend it with Oak  
Alurier wish them both here together  
Pies, try what you please, there's nothing  
like leather.

or small intestines are the cause of the disease, preventing the fecal and other "feculent" matter from being discharged; therefore we must use purgatives. — A third argues us that copious purging will induce a fatal debility, and that nothing but sudorifics can effect a cure. And a fourth considers mercury as a specific and asserts that unless a ptyalism be excited, the patient will fall a victim to the disease.

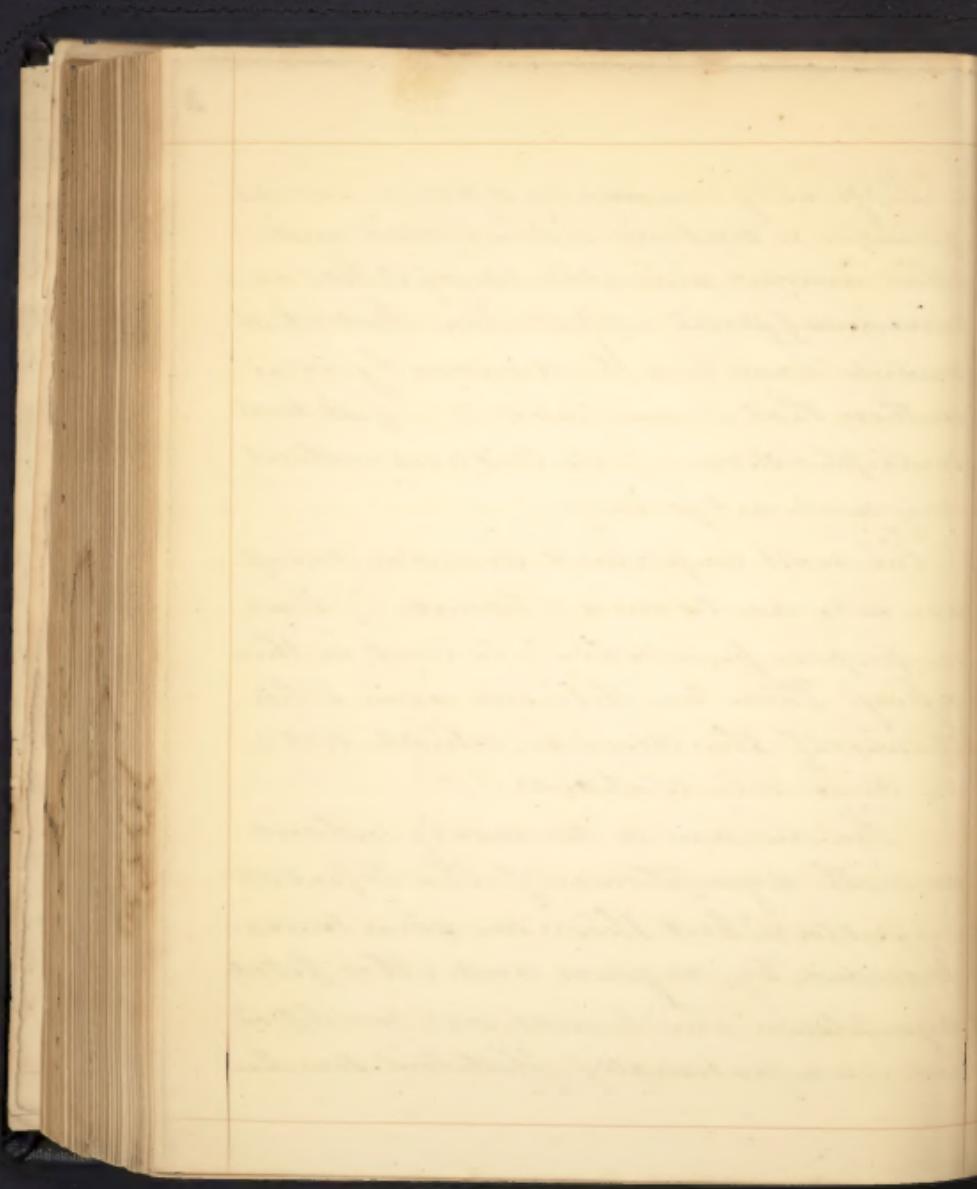
Cullen defines dysentery to be "a contagious fever, in which the patient has frequent stools, accompanied with much piping, and followed by a tenesmus. The stools though frequent, are generally, small in quantity, and the matter voided is chief by mucus, sometimes mixed with blood. At the same time the natural fees seldom appear, and when they do, it is generally in a compact hardened form."

and the like. In the same place  
there was a large tree which  
was covered with a thick skin  
of white lichen. The tree  
was very tall and had many  
branches. The bark of the tree  
was rough and textured. The  
tree was surrounded by a  
dense forest of smaller trees  
and bushes. The ground  
was covered with fallen leaves  
and twigs. The sky was clear  
and blue. The sun was shining  
brightly. The overall scene  
was peaceful and serene.

Dysentery occasionally assumes various forms, or is combined or complicated with other diseases, and accordingly it has received different appellations. Indeed so minute have been the divisions by some authors, that it amounted to a fastidious multiplication of distinctions without any real difference.

The most important divisions perhaps are into acute and chronic. Of these, we propose particularly to treat in this chapter. There are however some other forms of the disease, which will be cursorily noticed.

The disease is commonly ushered in with symptoms of the topical affection; but these are sometimes preceded by rigours, and other febrile symptoms. The bowels are constipated, and unusually flatulent. Diarrhoea



though seldom, sometimes appears first. The disease in most cases commences with griping and a frequent desire to evacuate by stool. Some tenesmus attendeth little is discharged. The evacuations become more frequent, the motions more diastolic, and the tenesmus considerably increased. Anorexia and frequently gastric distress and vomiting accompany these symptoms. The tongue is loaded with a white fur. More or less pyrexia is always present, which is for the most part inflammatory, but occasionally assumes the typhoid or miliary type.

As the disease advances the motions vary both in colour and consistency, being sometimes composed of merely a mucous matter, exhibiting that form of the disease, which is denominated dysenteria alba or morbus mucosus. In most cases however blood is present in the stools. At other times there is an acrid



watery discharge, resembling the washings  
of raw flesh, emitting a very fetid odour.  
Sometimes pure florid blood is voided.

In some cases there is no discharge at all.  
Now and then small morsels of matter of  
a sebaceous nature are found in the evac-  
uations. These were considered by Pringle  
as actually cheese which had been  
eaten by the patient, while Thomas con-  
siders them as nothing more than frag-  
ments of coagulated mucus. — Sometimes  
purulent matter and frequently a canker  
arising from gangrenous parts — or desqua-  
mous, and occasionally filaments of a membra-  
nous nature are to be seen in the stools.

Notwithstanding the frequency of the  
evacuations, composed of these various  
matter, it is but rarely we can perceive  
any natural feces among them; and



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when we do, they consist of small irregular  
balls denominated scybala.

Doctor Johnson a writer on diseases of tropi-  
cal climates, doubts whether fecal evacu-  
ations, in the form of scybala, ever appear  
in this disease. However except the dryness  
of tropical climates may be from  
this symptom; it is undoubtedly a gene-  
ral concomitant of the disease as  
it appears in our own country. And an  
evacuation of this feculent matter wheth-  
er by an effort of nature or by the  
interference of art is attended with  
a temporary mitigation of all the  
symptoms, especially of the frequent  
motions terminas, and tenesmus.  
The violent efforts which are sometimes  
made to discharge the irritating contents  
of the alimentary canal, in some instances



occasions a prolapsus ani, which in progress of the disease, proves a distressing and troublesome symptom.—There is also sometimes (c. Tringle observes) a strong urging proceeding from the inflammation of the bottom extending to the neck of the bladder.

Diagnosis. Dysentery in its mildest form bears so close a resemblance to diarrhoea that the two diseases may be readily confounded. It is the opinion of nosologists however that diarrhoea is never contagious, and is unattended with fever and inflammation; that the evacuations, though not natural, are not bloody, and that the tenesmus and tenesmus are less severe. When the symptoms of the former are well developed, the diagnosis is easily established.

Dysentery may be distinguished



from cholera, by the great discharge of bile  
by vomiting and stool, which takes place in  
this latter disease; and from colic by the ob-  
stinate constipation, which always attends this  
affection.

Causes. As respects the remote causes of  
this disease, practitioners are by no means agreed.  
Excessive and long continued heats of sum-  
mer and autumn, succeeded by much inci-  
tive induce a predisposition to this disease,  
and thus it happens more frequently in warm  
than in cold climates.

It was formerly supposed to arise from  
a specific contagion, by which it was communi-  
cated from one individual to another. More  
accurate inquiries have exposed the  
fallacy of this opinion, as respects its  
general character. A late writer supports  
the proposition, that dysentery is of itself



never contagious, nor the intermission and remis-  
tent forms of it; that only when combined  
with typhus, does it possess the characteristics of  
a contagious disease; and this he insists origi-  
nates in the contagion of fever and not in  
the virus specific to dysentery.

Sir J. Pringle & others have given it as  
their opinion, that the contagion arises  
from the clothes, evacuations, urine or perspira-  
tion of dysenteric patients; and more especi-  
ally when the evacuations are suffered to  
stagnate in the patient's chamber. Neither of  
these suppositions are supported by evidence,  
that these discharges are capable of producing  
this effect. It has moreover been shown that  
dysentery may be contracted, though the  
greatest attention be paid to cleanliness  
of the patient and his chamber.

The dysentery of tropical climates seems



to be found in some manner or other connected with derangement of the liver, but whether the one is a cause or effect of the other, seems not to have been accurately determined. For sometimes the hepatic affection (we are told) precedes the dyspepsy, at other times succeeds it, and in some cases symptoms of both diseases are blended from the commencement to the termination of the case.

The disease also arises from the same causes as our autumnal Fevers & from acids & other acids taken into the stomach. That it may arise from a vitiated state of the atmosphere, we are naturally led to conclude, from its sometimes observing the laws of epidemics.

Vicissitudes of weather as from heat to cold, thereby suppressing perspiration and occasioning a determination to the bowels to excite the disease.



Perfpecting the proximate cause of dysentery there are also various opinions.

As there is hardly a disease in the whole range of nosology more uniform in its nature and symptoms than this, the discrepancy among authors must have arisen no conceivable, in consequence, of mistaking prominent effects for proximate causes. and as the remedies administered to obviate the former, have frequently removed the latter, each individual was impelled with a belief, that he alone had discovered the true cause & cure of the disease.

While some believe that an acid matter is generated in the intestines and by exciting their peristaltic motion, gives rise to the frequent evacuations; others maintain that the disease consists primarily, in a spasmodic constriction of some part of the colon



Most generally, and especially, when arising from marsh effluvia, do we believe dysentery to be a disease of gastric origin. The morbid process first acts on the stomach producing nausea and vomiting, and ultimately extends to the intestines, which become its permanent seat, whence it pervades the whole system. The proximate cause of the disease, then, may be considered to consist in an inflammatory affection of the large intestines, accompanied with fever.

The inflammation begins in the mucous coat, and is attended with little or no pain. Thus extending to the muscular structure, it occasions tenesma or spasmodic constrictions of the intestines, which prevent the free evacuation of their irritating contents, which have been considered as a cause, instead of an effect of the disease.



The determination of blood to the intestinal tube, usually increases the action of the secretory vessels, and thus occasions a greater quantity of mucus to be secreted than in health. But sometimes, in consequence of the inflammation transversing the secretory point, there is no discharge at all. And at other times, owing to deranged state of these vessels, the red blood destined for the purpose of secretion, is poured out unchanged into the intestines, and is thus discharged. If the inflammation is not arrested in due time, the peritoneum becomes involved and then arises those acute pains about the abdomen and other symptoms peculiar to inflammation of the secretory tissue.



Prognosis. When dysentery is inclined to terminate fatally, pyrexia in a greater or less degree, usually attends throughout the whole course of the disease; the symptoms run high, and produce great prostration of strength, accompanied with lassitude, and involuntary discharges, and this event may take place in a few days. But when the symptoms are moderate, it is frequently protracted to some length of time, and at last a gentle perspiration diffuses over the whole body, proves critical; the febrile symptoms and torments then cease, and the evanescences becoming of a natural colour and consistence. — When the disease has existed for a long time, and has become habitual, it is often difficult to remove, and when it attacks per-



sous, labouring under chronic diseases, as  
phthisis pulmonalis &c, or those whose constit-  
tions have been worn down by other diseases,  
it proves the precursor of death.

Tenesmus in a great degree, severe tenesmus  
a very frequent inclination to go to stool and  
in indulging which, but little is discharged;  
or none at all, or a discharge of pure fluid  
blood, pale color of the stools, much prostra-  
tion, strength, violent pyrexia, a tense abdomen,  
coldness of the extremities, cold clammy sweat,  
apha, Impotens, subsultus tenditum and  
a weak irregular pulse denote the most  
imminent danger. On the contrary a gentle  
and universal diaphoresis, a moderate de-  
gree of pyrexia, the motions, assuming a  
more natural colour & consistence; and a  
gradual abatement of the tenesmus and  
tenesmus, indicate a favourable termination.



Post mortem examination, demonstrate to us.

that, intestines, have been affected with inflammation and its consequences, such as gangrene, adhesions & contractions.

The colon and rectum, appear to have sustained the most extensive injury. The peritoneum also in many instances exhibits traces of inflammatory action. And though not unfrequently, presents appearances of having been much disordered.

### *Of the method of Cure.*

If the pathological views of dysentery which have been detailed, are correct, the indications of cure, as deduced therefrom, must be sufficiently obvious. The disease appearing in its usual form demands the reduction of inflammation, with morbus involution, and spasm, the free evacuation of the alimentary canal & the restoration of the healthy condition



of the surface.

If the inflammatory symptoms be urgent, and the patient plethoric and vigorous, and sometimes, even when this latter condition does not exist, venesection, repeated as often as circumstances may require, is indispensable. If employed thus early in the disease, it has a tendency to arrest the progress of inflammation, to prepare the system for the operation of medicines, to relax the spasm of the interlines which prevent the free evacuation of the alimentary canal; and not unfrequently to assist the removal of the spasm of the catenous vessels.

Sometimes even after we have stopped bleeding as far as is consistent with safety, the abdomen remains tense and unyielding. In this case, it will be necessary to employ leeches or cups, of which



the former applied in large numbers are preferable.

In some cases the stomach is loaded with bile, and other irritating matters creating much irritation & distress. Then emetication being promised, an emetic will be obviously proper. Besides acting on the stomach of the irritating contents it assists in resolving the spasms, and determines to the surface to answer this purpose, tartarized antimony a. launay in combination with ipecacuanha may be employed.

At this stage of the disease, purgatives a most important class of remedies in the treatment, are introduced to clear the bowels. The extent to which purging should be carried, is a point which has been much disputed, but the opinion seems now to be pretty well established, that the mild "balsamic effects, are derived" from them, when employed till natural stool a. appear. For it is evident, that as long as the irritated matters caused by previous irritation, remain on the



already inflamed intestines, we cannot expect to overcome the disease.

It is usual to commence with the milder cathartics such as Castor oil; but from the tendency which this medicine has to run off, in most instances, without producing a sufficient impulsion we deem it ineffectual to the complete removal of the feculent matter, and are of opinion that it answers better as an auxiliary to more active medicines.

In the miasmatic district of country in which we reside, the practitioners entertaining groundless fears of inducing an alarming state of debility, very seldom employ resection; but are in the habit of administering at the onset of the disease a solution of castor enameled and Sulphate of soda, in combination, the usual effect of which is a copious evacuation of the alimentary canal. They then resort to mercurial purges



These latter medicines, on the testimony of the highest authority, are justly entitled to the greatest confidence. They may be used alone, or in combination with Phialant. The operation being promoted by laxation or clysters.

The use of opium, in dysenteries, has been as loudly applauded, as unconditionally condemned. Yet here as in many other instances, it is the abuse only, which has brought odium on a valuable medicine. If given alone opium will probably be injurious, particularly in primary attacks, and in young and plethoric habits. If alternated with purgations, it will be attended with little, if any advantage. But if combined with calomel, in an early stage of the disease, and with ipecac at a later period, it will prove a most valuable auxiliary, to those medicines, both by preventing any intestinal

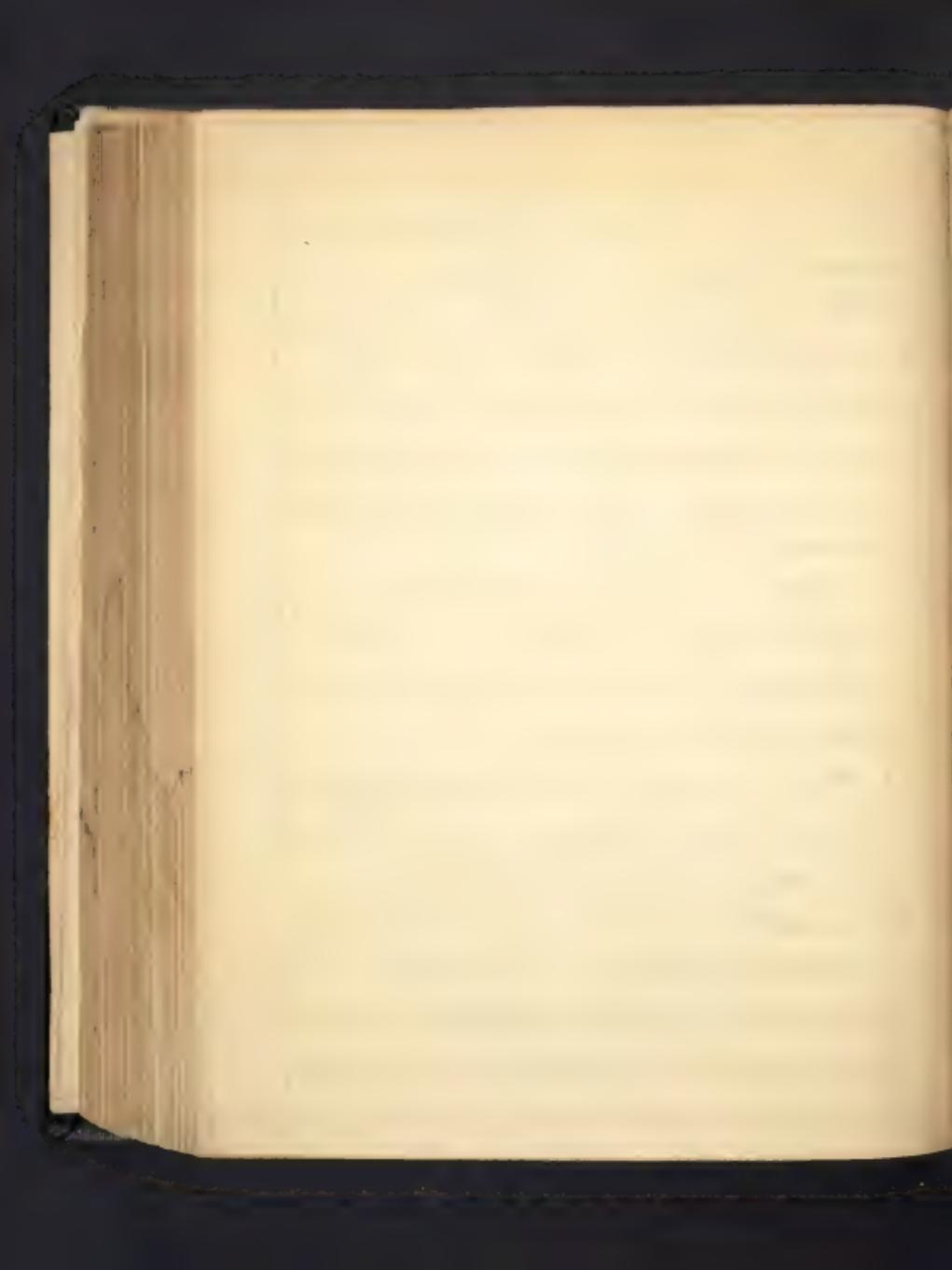


irritation, from the one, and by increasing the diaphoretic effect of the other.

When few evacuations have been produced by mercurial purges, castor oil and epson salts, may be used, to prevent the accumulation of feculent matter, which by keeping up an incipient irritation, often fails to aggravate the disease.

After arterial action has been opened, by the foregoing means, we resort to diaphoretics to restore the healthy condition of the surface.

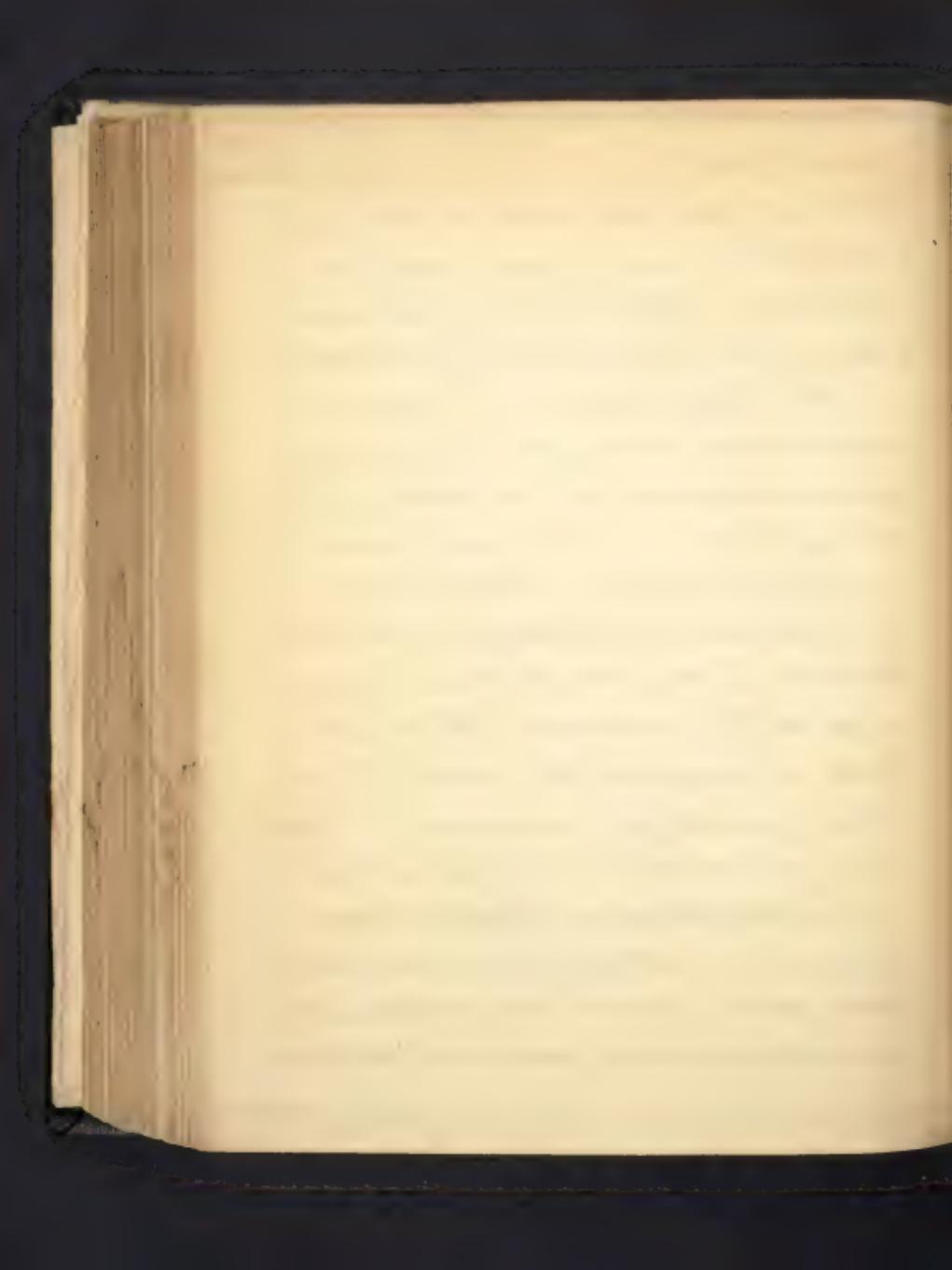
Among others Richter considers dysentery as a rheumatic affection of the bowels, and in conformity with this theory, it is the practice to induce a copious diaphoresis to the exclusion of evacuation. Though this practice may be successful, in that particular form of the disease, arising



From suppressed perspiration which in some instances bears no inconsiderable analogy to rheumatism or catalepsy, yet its general application will be found extremely detrimental.

Doctor Morely a writer on the diseases of tropical climates, concurs with Sydenham, in considering dysentery as the fever of the season turned in on the bowels, by a very sudden suspension of the perspiration. The restoration of the perspiration therefore forms his leading, indeed almost his sole object, in the treatment of the disease. Hence after preparing the system by blood-letting if necessary, and evacuating the bowels, he relies almost exclusively on sudorifics.

While evacuations are still necessary, a combination of Calomel, Epsom salts and opium, will be found to allay irritation, determine to the surface, and gently open the bowels.



Ipecacuanha alone, or in combination, has been long celebrated as a remedy in this disease. Hence it is considered to exert a specific effect. But in what manner, has always been a subject of dispute. While some, as Bellon & Baker, believe that its utility depends on its purgative effect, others with more plausibility impute its efficacy to the relaxation of spasm and the determination to the surface which it induces. Some practitioners are of opinion that it may be most advantageously employed, in those cases, where the greatest quantity of blood is discharged.

The administration of the preparations of antimony at this stage of the disease, has been ably advocated, but the weight of authority is decided, in favour of Ipecacuanha.

An auxiliary to the sweating plan, warmth externally applied, in the form of fomenta-



tations, to the abdomen, is useful by allaying pain and spasm and inducing diaphoresis. And for this purpose, cloths wrung out of a warm decoction of chamomile flowers and poppy heads, may be employed. Bathing the region of the stomach, with the tincture of opium, camphorated spirits, and the tincture of capsicum, will afford much relief. The warm bath is also recommended, and is particularly applicable to the cases of children. But from its prompt efficacy and the facility with which it may be employed, the vapour bath is the best mode, in which warmth can be applied.

As a substitute for the warm bath, the flannel roller (the credit of introducing which is due to Professor Chapman) may be advantageously employed. This consists in a broad flannel bandage, perforated



times round the abdomen with some degree of tightness. It answers the purpose of promoting perspiration and affording support to the weakened intestines.

If the disease be not relieved by the way already detailed, incision becomes necessary. To attain this end, it is usual to apply a large blister to the abdomen. By thus applying it near the diseased part, the effect is much more prompt, and certain, than if applied to the extremities, as is sometimes done.

The remedies recommended to allay torments and tenesmus, are the obliqueous mixture, the rectaceous julep, or a combination of opium and ipecacuanha. Simple opium has had the desired effect. Anodyne injections consisting of opium dissolved in melted or gum arabic or as exciting leproxilation, a simple piece of opium, introduced into the rectum. Likewise injections of fresh mutton butter or



Card, are spoken of as highly efficacious in relieving these troublesome symptoms.

When this disease arises in crowded places, such as camps, jails, hospitals, and ships, it is apt to assume the typhoid type. How it is evident that the treatment, to be adapted to this modification of the disease, must differ materially from the foregoing:

In this case venesection is only admissible at the very commencement of the disease. But in determining on the propriety of this latter remedy, the pulse should not be our only guide; it is sometimes in an oppressed condition when we have reason to suspect this, as well as engorgements of the great viscera. The employment of the vapour bath & friction oils we are told, frequently cause the patient to sweat, and induces a state, in which venesection may be resorted to, not only with safety, but evident advantage. Of course

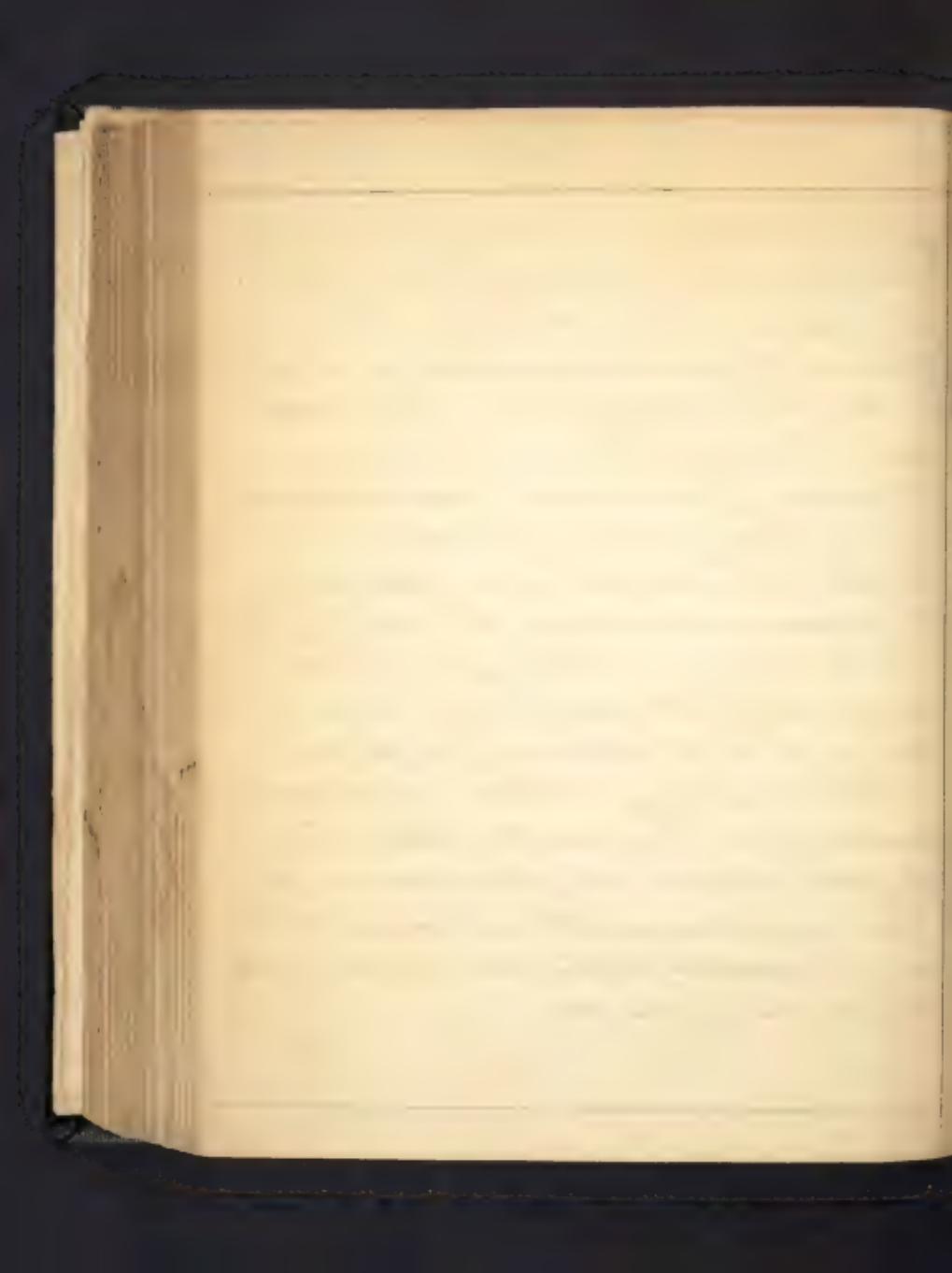


general blood letting be made infrequent. Leeching or cupping may be employed. And after some improvement is made by these means, catharsis, followed by moderate evacuations of the alimentary canal, should be used. The patient should be freely blistered, and small doses of mercury administered to induce a ptyrexia.

As auxiliary to mercury the nitric acid has been recommended; and as still better, the nitro-muriatic acid in the form of a bath.

In the sinking state, the system should be supported by the carbonates of ammonia, opium, and the spirits of turpentine.

When dysenteric is blended with intermitent fever, it is now the established practice to endeavour, first, to remove the bowel affection, and then to administer the remedies adapted to the form of fever, with which it is associated.



Dysentery is denominated chronic, when after the acute symptoms are removed, there remains some tenderness of the alimentary canal, the evacuations are small and consist of very fibrous mucus and scanty matter, the appetite is bad, the tongue heavily furred, the pulse is small, hard, and quick, accompanied by a dry and parched skin. The complexion is sallow, and the expression of countenance wretched and ghastly.

The symptoms in this case evidently denote that the blood is determined from the surface to the great viscera. The induction then is to be met by diaphorotics. If necessary however small bleedings should make the use of those medicines calculated to restore the healthy condition of the surface.

As a means of relaxing the surface,



and maintaining an equable perspiration.  
There is perhaps no medicine more highly recommended than Dover's powder, and particularly in this form of dysentery. A grain or two of Specocuanha, with a little opium, given several times a day, is also said to be very serviceable by producing a diuresis to the surface.

It is here that the funnel roller, a remedy, before mentioned, is said to display its greatest efficacy.

If the disease prove obstinate, and more especially if we have reason to suspect hepatic derangement, calomel should be administered in minute doses. It is from the remarkable utility of this medicine, in dysentery, when combined with hepatic affections, that the practice has become general in warm climates, of turning inwards the day, or of the disease.



Proctor Johnson in his work on the diseases of tropical climates, has pointed out the connection between dyspepsy, and the derangement of the functions of the skin and liver. He recommends large doses of calomel combined with small portions of opium.

When the convalescence proves lingering, and there is a constant or occasional diarrhoea, opiates, astringents, and mild tonics, may be resorted to with advantage. But most confidence is to be placed in aperients and in some cases in a change of climate.

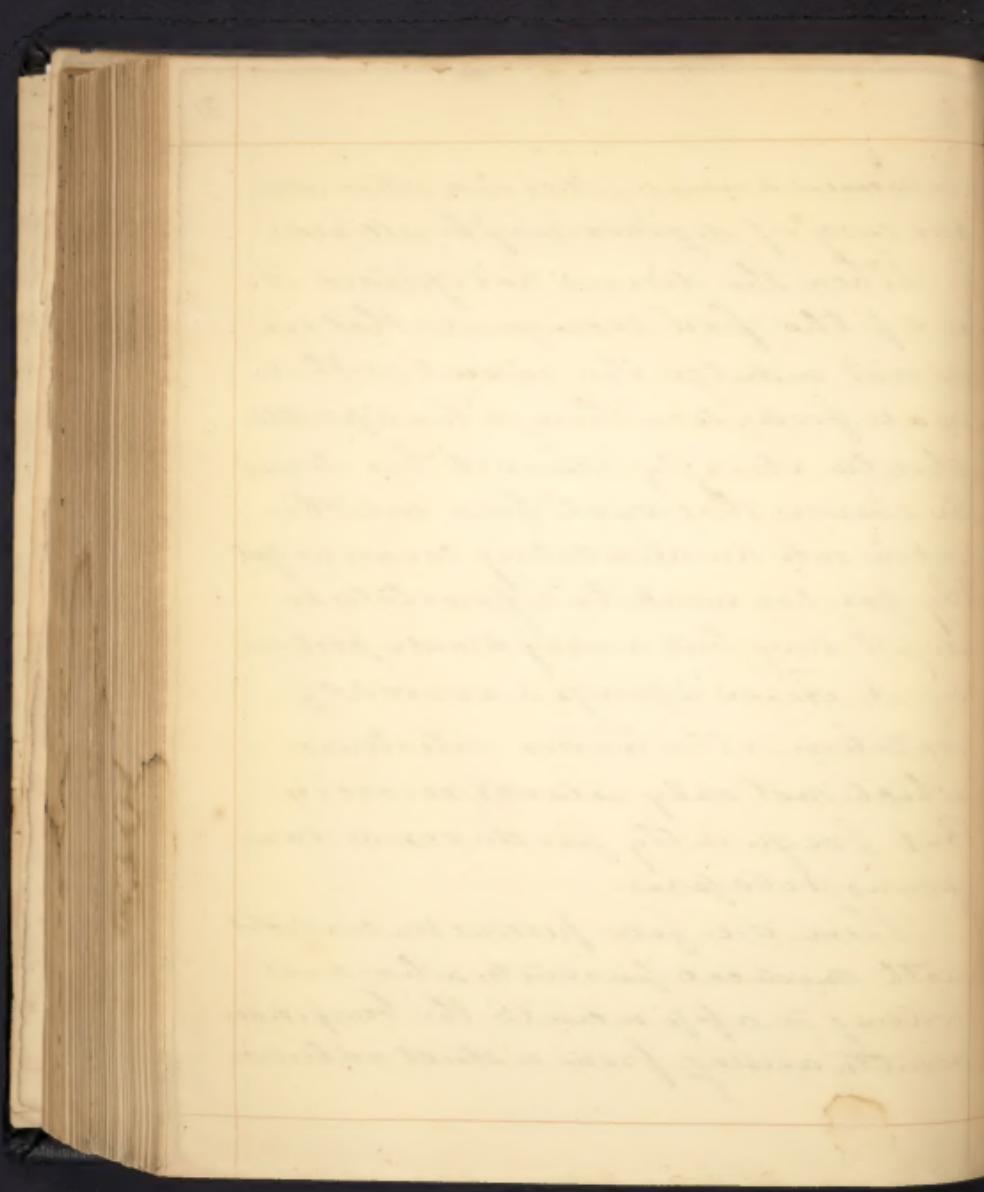
The diet of the patient is of the utmost importance in this disease. It should consist of the lightest food and that in a fluid state, such as barley water, macilage of grain, arrowroot, sago, arrow root, aperients, During con-



valves, animal jellies and other articles easy of digestion may be allowed.

When the disease has yielded it is of the first consequence that we do not indulge the patient with animal food, even though his appetite should strongly desire it. For it must be obvious, that such food will be taken into an alimentary canal as yet by far too weak to assimilate or digest any but a very small portion of it. Hence springs a source of irritation, to the tender intestines, which not only retards recovery, but frequently produces a dangerous relapse.

There are few persons unconnected with medical pursuits, who are willing to appreciate the beneficial results arising from a strict adherence



to regimen in all acute diseases. Indeed  
so much is this the case, that there are  
many, who never believe, that a patient  
is recovering until his appetite returns  
and then that his strength will be  
regained in proportion to the quantity  
of aliment which he consumes.

Deceived by this idea the friends of  
the patient often exert an injurious  
kindness, which is not unfrequently  
productive of the most serious con-  
sequences.

